

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Parker et al.

Serial No.: 10/630,349

Filed: July 29, 2003

For: ELECTRON OPTICS FOR MULTI-BEAM ELECTRON BEAM
LITHOGRAPHY TOOL

Attorney Docket: 58884-0305279

Art Unit: 2881

Examiner:

MAIL STOP MISSING PARTS

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME

1. Applicant is a small entity.

EXTENSION OF TIME

2. (a) ☒ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<input checked="" type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 420.00	\$210.00
<input type="checkbox"/>	three months	\$ 950.00	\$475.00
<input type="checkbox"/>	four months	\$1,480.00	\$740.00
<input type="checkbox"/>	five months	\$2,010.00	\$1,005.00

Fee \$55.00

If an additional extension of time is required please consider this a petition therefor.

- ☐ An extension for months has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$55.00

CERTIFICATION UNDER 37 C.F.R. 1.10

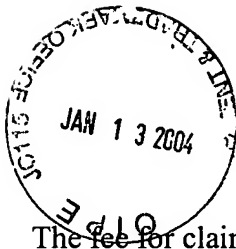
I, Diana Dearing, hereby certify that this correspondence and the documents referred to as attached hereto are being deposited with the United States Postal Service on January 12, 2004, in an envelope as "Express Mail Post Office to Addressee," mailing Label Number EV382013664US addressed to Mail Stop Missing Parts, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

01/15/2004 CNGUYEN 00000037 10630349

03 FC:2251

55.00 OP

Diana Dearing



FEE FOR CLAIMS

3. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE	OR	ADD'L FEE
TOTAL	8	MINUS	= 0	x 9 =	\$ 0		x18 = \$
INDEP.		MINUS	=	x 40 =	\$		x80 = \$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + 135 =			\$	+270	\$		
TOTAL ADD'L FEE \$ 0				OR	TOTAL ADD'L FEE \$		

- (a) ☒ No additional fee for claims required.
(b) ☐ Total additional fee for claims required \$

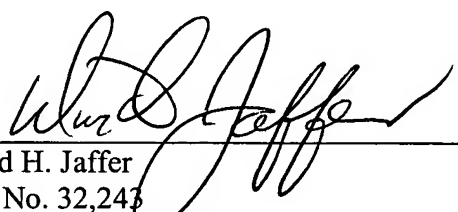
FEE PAYMENT

4. ☒ Attached is a check in the sum of \$55.00.
☐ Charge Account No. 03-3975 the sum of \$.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

5. ☒ If any additional extension and/or fee is required, charge Account No. 03-3975.

Date: 1-12, 2004


David H. Jaffer
Reg. No. 32,243
Customer No. 27498

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